



**California Department of Mental Health (DMH)
Performance Measurement Advisory Committee (PMAC)
Meeting Minutes
February 2, 2006
Doubletree Hotel, Sacramento**

Committee Attendance:

Chair: Stephanie Oprendek
Co-Leader: Tom Trabin

Members: Maria Aranda, Ann Arneill-Py, John Campbell, Karen Hart, Tracy Herbert, Laurie Lindamer, Mark Morrison, , Ralph Nelson, Jr., ThuHien Nguyen, Joyce Ott-Havener, Nancy Peña, David Pilon, Ryan Quist, Neal Sternberg, Nancy Thomas, Bonnie T. Zima. Not Present: Neal Adams, Cristina Magaña, Ethan Nebelkopf

MHSOAC Liaison: Gary Jaeger

Introductions, Review of Agenda, Minutes & Other Committee Business

Committee members briefly introduced themselves, as did members of the audience. It was agreed that after lunch the committee would identify future meeting dates.

The previous meeting's minutes were reviewed. The chair pointed out that changes made on the minutes should also reflect discussions from several conference calls. Those conference calls will be documented and integrated into the October 2005 minutes. The October 2005 minutes will again be reviewed at the next PMAC meeting.

Possible dates for the next two PMAC meetings were identified: March 28-29, or April 3rd, and May 23. After securing hotel space, DMH staff will notify the committee of the actual meeting dates.

Initial Approach to Full Service Partnership Performance Outcomes

The chair gave a PowerPoint presentation of the initial evaluation for the MHSA Full Service Partnership Outcomes Assessment. The presentation guided the committee through FSP forms and methodology, options for submitting data to DMH and how to get data back for analysis. The chair noted that changes have been made to the forms

since the last meeting in order to make the residential data more consistent with the AB2034 program format.

After the presentation, committee members discussed several issues:

- How data collection methods affect small counties versus large counties.
- County compliance issues
- Security & privacy issues
- Consumers awareness regarding outcomes tracking when they signed up for Full Service Partnerships
- Need for dialogue with Stakeholders
- Need for special studies to collect certain kinds of data in differentiating ways
- Disparity and cultural competency issues

The chair also reported that MHSA provides one-time funding for information technology systems and that DMH will help counties to see their options & the importance of a system with flexibility for future developments. She also noted that security is always important for any database and the DMH Data Collection & Reporting system is HIPAA compliant.

It was agreed that Federal and state guidelines on client consent should be reviewed to see if additional client consent is necessary beyond that which is already done to insure that clients remain informed throughout the service delivery process.

Members also discussed how the collected data will be used and how to turn data into meaningful information. Members noted that data become meaningful when appropriate comparisons are made, and when benchmarks can be used for interpretation.

The committee agreed that in terms of transforming the system, quality improvement is more important than compliance. They also agreed that counties should be accountable for making necessary changes for quality improvement purposes. It was noted that people responsible for quality improvement are sometimes overwhelmed with compliance issues and that this problem could be solved by hiring more employees and by having the State determine appropriate local staffing levels for quality improvement. It was suggested that a member of the External Quality Review Organization (EQRO) might be invited to a future PMAC meeting to discuss these issues.

The chair pointed out that a web-based system for FSP data collection is currently available. This interim system will be replaced with the Data Collection and Reporting (DCR) system in a few months; the DCR will be very user-friendly and contain useful tools to improve the quality of the data reported. Moreover, the development of the system is a continuing process. Members' feedback & comments are always important to DMH.

Statewide Consumer Survey Measures:

The Chair reviewed the forms and methods currently used for the Statewide consumer surveys. She noted that these data are used in reports to the Federal government and to the state legislature.

She invited a discussion of the issue of burden on the counties in collecting these data, and whether or not the committee members saw a need for a change from present methodology. Among the points raised were the following:

- ✚ Handling the administration of the survey process at the counties is a large task
- ✚ Counties may wish to have local control over the data collection process
- ✚ Performance measurement is a condition of counties' receipt of Realignment dollars. The California Mental Health Planning Council (CMHPC) would be interested in knowing the degree of burden experienced by the counties in this regard.
- ✚ Usefulness of data vs. administrative burden
- ✚ The CMHPC has put out a paper to provide Technical Assistance
- ✚ Give technical assistance to the counties who are experiencing difficulties
- ✚ It was noted that from the perspective of some providers the results are never returned, therefore there is a disincentive to fill out the surveys
- ✚ Creation of a more consumer-friendly environment: more peer participation, focus groups

Counterpoints included:

- ✚ Several committee members who work for the counties said the data collection was not burdensome.
- ✚ It is not a burden if the process is centralized and feedback is provided to clients and providers
- ✚ Despite any burden, these surveys give the consumers a voice
- ✚ If the State and/or counties get use out of the surveys and make decisions from them, then it is worth the administrative burden
- ✚ Not just items and administration, but context is used for improving programs

- ✚ If there was a forum for counties to share how they've used the data to make improvements, it might decrease the sense of burden
- ✚ Can use the State Quality Improvement Council for cross-communication with evaluators
- ✚ It was suggested that the methodology for survey administration could also be reevaluated. (Mailing the surveys would help to ease staff burden.)

The Committee's review of the issue and possible burden of the Statewide Consumer Perception Survey did not indicate the need for a change in methodology at this time. Further discussion included how to improve the quality of the data reported. On a related note, it was mentioned that DMH with CIMH will be hosting a training with the focus of developing data teams at the county level. This training is intended to foster collaboration between administrators, information technology staff, evaluators, providers, clients and family members in order to collect quality data.

Recovery:

Before beginning the discussion of the recovery measures sent to the members, the co-leader noted that this discussion will be a point of departure for future discussions of measuring recovery and that in-depth discussion on this will occupy future PMAC meetings.

There was a discussion of the Recovery Oriented System Indicators (ROSI) and the co-leader noted that the ROSI hadn't yet been pilot-tested due to a lack of funds at the national level. However, Steve Onken & his colleagues (originators of the ROSI) have now received funding to continue the project and the co-leader offered to talk to them about the possibility of pilot-testing their survey in California.

A discussion followed concerning the wording used in some recovery measures, with members noting that the language used is not consistent with the way consumers themselves talk about their mental illness and their recovery. It was suggested that it may be necessary to go beyond assessing reading level to determine if the measures are consumer-friendly. As one consumer member explained, "These instruments don't seem to fit us." It was suggested that further testing of the measures might be necessary (e.g., cognitive testing and reliability testing). The co-leader agreed to pass on the perceived need for cognitive testing of the ROSI to Onken and colleagues.

It was suggested that defining the concept of recovery before deciding how to measure it would be helpful. The need for cultural competence in any measure was also stressed.

Several members of the committee suggested that qualitative data also be collected to measure recovery. A discussion of the possible use of focus groups to accomplish this followed.

The co-leader noted that the committee is charged with selecting a means to measure recovery. Two options for accomplishing this include collaborating with others working on measuring recovery at the national level, (e.g., working on revisions to existing measures) or developing a new measure for California.

Open Forum Input – Stakeholders

Comments made during the open forum included the following:

- 👤 Staff from Stanislaus County attended to get a better understanding of outcomes and data requirements. Stanislaus has a commitment to reporting good data.
- 👤 Staff from San Joaquin County, asked questions regarding FSPs:
 - 1) How is 'real-time' data reporting/entry defined? How soon does the data have to be submitted, especially in regard to KET?
 - 2) What is the XML reporting schedule?
 - 3) What about outreach and engagement - how will this be tracked?

The Chair responded that: 1) Ideally, data should be entered as soon as it collected. 2) DMH will work with counties on a feasible data submission schedule, but the plan is for daily or weekly XML data transfer; and 3) DMH will be designing a module to track outreach and engagement within the DCR.

Next Steps / Next Meeting Plans:

Suggestions for upcoming meetings included having more committee discussion time, having fewer presentations and inviting experts to speak on recovery. Suggested speakers included Steve Onken, Mark Ragins, Larry Palinkas, Jean Campbell, Adrian Carroll, and Dave Pilon. Also mentioned was Dr. Bill DiRisi who led focus groups in the early 1990s for DMH. It was agreed that the voluminous reading material sent out for this meeting would be discussed by the committee at the next meeting. Joyce agreed to get contact information on Dr. DeRisi.